

The Department of Vermont Health Access Medical Policy

Subject: Ventilators and accessories for home use

Last Review: April 25, 2016

Revision 3: February 20, 2015

Revision 2: June 11, 2013

Revision 1: September 14, 2011

Original Effective: 2004

Description of Service or Procedure

A ventilator is a device which moves air in and out of the lungs for an individual who requires mechanical assistance to breathe.

- Invasive ventilation: ventilator generated breathing through an artificial airway positioned in the trachea.
- Noninvasive ventilation: ventilator generated breathing through the upper respiratory tract via mask or mouthpiece.
- Negative pressure ventilator: noninvasive device which moves air in and out of the lungs by creating negative pressure around the chest. This creates a vacuum, via a chest shell, body tank, or body jacket.
- Positive pressure ventilator: invasive or noninvasive device that delivers positive pressure gas flow (air or oxygen) to the lungs to a preset volume. Some individuals who can be ventilator-independent for part of the day may use positive pressure ventilation to assist nighttime breathing.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



Coverage Position

A ventilator and accessories for home use may be covered for beneficiaries:

- When a ventilator and accessories are prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of ventilators and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Guidelines

This device may be covered for beneficiaries who require mechanical assist to breathe and:

- Have had a full evaluation to determine the need for a ventilator, and the most appropriate type of ventilator, with a physician who is skilled in respiratory assisted ventilation and/or pulmonology medicine AND
- Have been evaluated for strategies to minimize ventilator use (weaning or partial weaning from the ventilator) including breathing techniques and diaphragmatic pacer devices.

Please note: Backup ventilators are not covered; however, mobile and stationary devices may be covered (for example, a ventilator mounted on a wheelchair and one for home usage); also, if the individual is determined to have a medical necessity for a positive pressure ventilator for certain times and a negative pressure ventilator for other times, they may receive coverage for both types of ventilator with clinical documentation.

Clinical guidelines for repeat service or procedure

Repeat service is limited to the guidelines above.

Type of service or procedure covered

Ventilator and related supplies and services.

References

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